

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06927

1. Entity Name

LINTON MACHINE SHOP, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90316 036 ***150.00

Principal Place of Business	Mailing Address
% W.J. LINTON 4430 MAGNOLIA RD MARIANNA FL 32448-9048 US	% W.J. LINTON 4430 MAGNOLIA RD MARIANNA FL 32448-7410 US

2. Principal Place of Business 4430 Magnolia Road Suite, Apt. #, etc.	3. Mailing Address 4430 Magnolia Road Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Marianna Florida	City & State Marianna Florida	4. FEI Number 59-2526009	Applied For Not Applicable
Zip 32448	Country USA	Zip 32448	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LINTON, W.J. 4430 MAGNOLIA RD MARIANNA FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, W.J. 4430 MAGNOLIA RD MARIANNA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINTON, WILLIAM K. 4430 MAGNOLIA RD MARIANNA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William K. Linton William K. Linton 4/28/00 850-482-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)